

No. 300
10.48

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5446**

BIRTH NO. **7438-56** REG. DIST. NO. **164** PRIMARY REG. DIST. NO. **3032** Registrar's No. **29**

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| 1. PLACE OF DEATH a. COUNTY Johnson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson | |
| b. CITY OR TOWN Warrensburg | c. LENGTH OF STAY (in this place) 3 hours | c. CITY OR TOWN Leeton | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center Inc | | e. STREET ADDRESS (If rural, give location) Rte #1 | |

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|---|----------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) DANNY b. (Middle) - c. (Last) Bedford | | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 15 1956 | | |
| 5. SEX Male | 6. COLOR OR RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED | 8. DATE OF BIRTH Feb. 15, 1956 | | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. 3 - |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | | 10b. KIND OF BUSINESS OR INDUSTRY - | 11. BIRTHPLACE (City and State or Foreign Country) Warrensburg, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME Carl E Bedford | 13b. MOTHER'S MAIDEN NAME Betty Gene Noble | NAME OF HUSBAND OR WIFE - |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) - | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Carl E Bedford, Leeton, Mo | ADDRESS Leeton, Mo |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis of lungs due to industrial emphysema | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital anomalies DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple Congenital anomalies | | | |

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|---------------------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION 2/15/56 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify): | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from **2-15 1956**, to **2-15 1956**, that I last saw the deceased alive on **2-15 1956**, and that death occurred at **11:30 A.M.**, from the causes and on the date stated above.

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|---|------------------------------------|---------------------------------|
| 23a. SIGNATURE David R. Holmes, MD (Degree or title) | 23b. ADDRESS Warrensburg Mo | 23c. DATE SIGNED 2-15-56 |
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|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE 2/16/56 | 24c. NAME OF CEMETERY OR CREMATORY DUNNING CEM | 24d. LOCATION (City, town, or county) (State) Leeton Mo |
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| DATE REC'D BY LOCAL REG. Feb. 17, 1956 | REGISTRAR'S SIGNATURE Savannah Crutchfield | 25. FUNERAL DIRECTOR'S SIGNATURE SICKMAN & DUNNING | ADDRESS CLINTON Mo |
|---|---|---|---------------------------|

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
FEB 20 1956
JOHNSON COUNTY HEALTH DEPT.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Robert L. Dumas*

Licensed Embalmer No. *4219*

P. O. Address. *Clinton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.